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Legal solution for doctor-assisted suicide

Seeing Dr. Eike-Henner Kluge on television (*PrimeTime News*, Mar. 8, 1994) profoundly influenced my position on doctor-assisted suicide. Hitherto, I had always regarded the practice as a matter between patient and doctor and, as a family practitioner, never considered the hastening of the end of a patient's suffering by relieving the suffering with drugs as anyone else's business. It is not our job to prolong dying, and treatment, in whatever form, is solely the business of the patient and the attending physician and of no concern to others. Thus, the physician's main purpose, if cure is impossible, is to relieve suffering, and the patient's wishes are paramount.

But times have changed; now some rules are necessary to prevent abuse. Daily we hear of physicians who, because of immoral and dubious conduct, have had their licences removed and, worse still, restored after only a few months' erasure. This reduces the confidence of the public in the profession. Added to this is a small proportion of people who will stop at nothing to satisfy their desires and relatives who have concealed motives behind their requests to physicians.

Hence, I agree with Kluge that some change in the law is necessary to help patients who sincerely wish to end their suffering, even with doc-

tor-assisted suicide, and to relieve physicians of current legal restraints and protect them against blackmail by unscrupulous people.

Obviously, the 99% of people who are honest should not be jeopardized by laws hoping to control the 1% who are malevolent. My proposal could be as satisfactory as any. A patient wishing doctor-assisted suicide could sign a document, saying "I, . . ., knowing that I suffer from an incurable and devastating condition, wish to end my life with the help of my doctor at a time to be designated by me," in front of a lawyer and have it countersigned by an authorized judge. The family physician, or, if he or she were unwilling because of conscience or religion, any physician listed with the provincial licensing body, would then be contacted. The physician would know that when the patient decided that the suffering was no longer bearable he or she could help terminate the life without interference from the state or others with contrary opinions.

In this way the will of most Canadians could be translated into law without undue delay and the public protected from breach of law, however well intentioned.

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Smallpox and AIDS

In this letter (*Can Med Assoc J* 1994; 150: 128) Dr. James H. Battershill wonders "whether there was a relation between the cessation of smallpox vaccination and the appearance of AIDS." Evidence gathered by an adviser to the World Health Organization shows that the opposite could be true: use of the vaccine may have awakened the unsuspected and dormant HIV; in obliterating one disease, we may have transformed another.¹ The adviser told the London, England *Times* that he "thought it was just a coincidence until [he] studied the latest

findings about reactions which can be caused by vaccinia." Now he believes that the smallpox vaccine theory explains the explosion in the number of AIDS cases.

This front-page story evolved into a 2-week debate in the *Times* among scientists who were divided on the theory. Peculiarly, there was no word of this in medical journals anywhere or in the regular press on this continent, although the latter did keep us up to date on Princess Diana's latest fashion.

If a fundamental mistake was made with the smallpox vaccination program I hope we have the wisdom and humility to learn from it as we race ahead for an AIDS vaccine.

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Teenagers performing surgery in developing countries unacceptable

Canadian physicians are widely respected in developing countries for helping to improve medical standards and for providing care to less fortunate people. This role is likely to become one of supporting efforts to improve the health care system in developing countries and training indigenous health care workers rather than of performing services such as cataract surgery during short visits. This change in emphasis will probably be self-sustaining and will avoid perpetuating the idea that the highest quality of medicine must be imported and delivered by foreign physicians.

In this context I am concerned that Western teenagers are being taught to carry out medical procedures in developing countries, as described in the article "Is it time for